

## HCPH RYAN WHITE GRANT ADMINISTRATION - GRANTS MANAGEMENT

### REQUEST FOR WAIVER *(Advance Approval Required)*

All sections must be completed and typed. No handwritten forms will be accepted.

NAME OF SUBRECIPIENT:

SERVICE:

FUND:

CONTRACT NO:

CONTRACT TERM:

**WAIVER REQUEST (Detailed explanation of request):**

**(ONE FORM PER CLIENT)**

CLIENT 11-CHARACTER CPCDMS CODE:

CLIENT 3-CHARACTER ARIES CODE:

EFFECTIVE DATE:

END DATE (cannot exceed grant term):

ESTIMATED COST:

**PURPOSE OF WAIVER (Detailed description of how services will enhance client services):**

Submit to RWGA Grants Management via fax (832) 927-0168 or email [hivacct@phs.hctx.net](mailto:hivacct@phs.hctx.net)

Name (print)		Fax #		Phone #	
Signature		Email		Date	

☐ **APPROVED**      ☐ **DISAPPROVED**      ☐ **APPROVED w/modifications below**

Manager, Ryan White Grant Administration (RWGA)

Date

With the modifications below, if required by RWGA *(Section below to be completed by RWGA staff only)*

--

**Note: All approved waivers for clients out of the Houston EMA will carry-over into the next grant term.**